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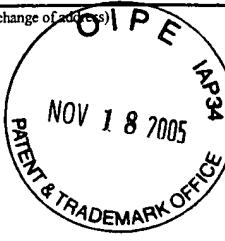
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23838 7590 09/06/2005

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/728,751	12/08/2003	Steven Spencer	12013/50201	9372

TITLE OF INVENTION: MEDICAL IMPLANT PROCESSING CHAMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMB, BRENDA A	1734	118-321000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

11/22/2005 MBEYENE2 00000131 110600 10728751

(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC SCIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN 01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Fred T. Grasso

Date November 18, 2005

Registration No. 43.644

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